UNIVERSITY OF NAIROBI
SCHOOL OF MEDICINE
COLLEGE OF HEALTH SCIENCES

STRATEGIC PLAN
2013-2018

FOREWORD

The school of medicine is one of the five schools which in addition to the centre for HIV Prevention and Research and the University of Nairobi Institute of Tropical and Infectious Diseases make up the College of Health Sciences.

The School of Medicine performed well in the 2008-2013 Strategic Plan period and endeavours to maintain this performance. This performance was achieved through growing student numbers, revision of curricula, and development of additional undergraduate and post-graduate programs, reactivation of existing and creation of new collaborations international research projects. Contemporary factors that School will need to adapt to so as to remain relevant include the Kenya Constitution 2010, Universities act 2012 and a very dynamic external environment.

This Strategic Plan summarises our current position, our priorities and sets out a series of activities that the School proposes to implement during the next five years to realise our full potential. To our position as a premier international teaching and research institution, the Strategic Plan reaffirms our mandate of training high calibre health care professionals.

This School Strategic Plan has been cascaded down from the College of Health Sciences Strategic Plan 2013 – 2018. In developing this Strategic Plan the School involved a wide spectrum of stakeholders in the medical professions and beyond who provided invaluable information. All stakeholders were identified to enhance equality, good relations and quality education as ingredients to success.

The School Strategic Plan will form the basis on which all Departments and units will cascade individual development plans. Once the cascading process is completed at all levels of the School, it will facilitate effective implementation of the College of Health Sciences Strategic Plan

PROF. CHARLES OMWANDHO
DEAN
SCHOOL OF MEDICINE

May 2013

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS

CHS	College of Health Sciences
COD	Chairman of Department
E.N.T.	Ear, nose and throat
FY	Financial year
HOD	Head of Department
HTU	Head of Thematic Unit
ICT	Information and Communications Technology
KNH	Kenyatta National Hospital
MD	Doctor of Medicine
MTC	Medical Training Centre
ODel	Open Distance and e-Learning
PC	Performance Contract
PPP	Public Private Partnerships
SMART	Specific, Measurable, Attainable, realistic and Timely
SME	Small and Medium Enterprises
SMIS	Student Management Information System
SPA	Staff performance appraisal
AIDS	Acquired Immune Deficiency Syndrome
IGA	Income Generating Activities
IDU	Income Generating Units
MoU	Memorandum of Understanding
PhD	Doctor of Philosophy
PI	Principal Investigator
SPA	Staff Performance Appraisal
SOM	School of Medicine
SWA	Student Welfare Association
SWOT	Strengths, Weaknesses, Opportunities and Threats

EXECUTIVE SUMMARY

The Faculty of Medicine was established in 1967 with the mandate of training health professionals for the country. It was elevated to the College Health Sciences in 1985. Currently, the College consists of 4 Schools, 1 Institute and a Centre that house 20

departments and 11 thematic units with a student population of 2,474. The School of Medicine offers 36 academic programmes supported and managed by a compliment of 268 substantive academic staff, 240 honorary lecturers and 341 technical and administrative staff. Since 1967 to date, the School has produced 11,040 graduates who serve in varying capacities in the country and internationally. The School continues to maintain its premier and leadership position with high local and international visibility.

The School of Medicine responds and adjusts to the dynamic environment in order to maintain relevance within local and international community and be a world class institution. This strategic plan puts in place strategies to guide and drive the School not only to maintain its relevance but be tandem with Vision 2030 and the Kenya Constitution 2010.

This strategic plan period revolves around six strategic issues, namely:

1. Governance leadership and Culture
2. Resources, Facilities and Infrastructure
3. Teaching and learning
4. Research, Innovation and Technology
5. Competitiveness and Image of the College

Arising from the strategic issues the following six strategic objectives will be pursued during the plan period.

1. To manage the School efficiently
2. To grow the School's resource base and enhance productivity
3. To produce quality and holistic graduates
4. To contribute to the development of society through creation, storage, application and dissemination of knowledge
5. To enhance the competitiveness of the School
6. To enhance value adding partnerships and collaborations

The School will continue to grow student numbers and offer diverse and innovative academic programmes. Effort will be initiated to enhance resource mobilisation to support School activities including linkages and collaborations with alumni, research and development partners and corporate. By maintaining this focus on the strategic issues identified, the School will make significant progress towards realising its vision.

1. INTRODUCTION

Background

The School of Medicine was started on 3rd July, 1967 and was officially inaugurated on 7th March, 1968. The Clinical Departments of the School are situated at Kenyatta National Hospital while the Pre-Clinical Departments are housed at the Chiromo Campus.

The School offers courses of study leading to award of degrees of Bachelor of Medicine and Bachelor of Surgery, Bachelor of Science in Biochemistry, Bachelor of Science in Medical Physiology, Bachelor of Science in Human Anatomy, Master of Medicine, Master of Science, Doctor of Philosophy and Doctor of Medicine and Postgraduate Diplomas.

The School is made up of Thirteen Departments namely; Human Anatomy, Medical Physiology, Biochemistry, Clinical Medicine and Therapeutics, Surgery, Paediatrics and Child Health, Obstetrics and Gynaecology, Human Pathology, Medical Microbiology, Psychiatry, Orthopaedic Surgery, Diagnostic Imaging and radiation Medicine, and Ophthalmology. In addition, the School has Nine Thematic Units namely; Clinical Pharmacology, Anaesthesiology, General Surgery, E.N.T Surgery,

Neurosurgery, Haematology and Blood transfusion, Clinical Chemistry, Anatomic Pathology, Immunology

Challenges facing the School of Medicine

Many changes have occurred since the last School Strategic Plan requiring a dynamic approach to maintain an edge as an international leader in medical education. The rapid rise in the number of health care training institutions creates competition for teaching sites, potential for loosing staff and risk of reduced international links, collaborations and research funding.

Traditional challenges of financing, lack of facilities and physical space continue to be a challenge restricts expansion and student enrolment.

Research funding is essential for the operational activities of academic institutions and the School is no exception. Competition for research funding is a serious new challenge with the ever increasing number of medical institutions.

Meeting the national demands for medical education and better health care requires expanded student intake. However, growing student numbers strain the current teaching facilities within the School and at the Kenyatta National Hospital.

The need for change

The School must endeavour to meet the needs of the ever changing educational, technological, political and socioeconomic environment while maintaining its leading position as a training institution. Stakeholder engagement is a critical component in this process of change.

Student training requires adoption of appropriate procedures addressing issues of selection, quality control of programmes that ensure production of graduates suitable for the job market. Critical components include regular curriculum reviews, adoption of integrated multidisciplinary training amongst others. To realise its mandate the School needs to introduce innovative teaching methods to impart the required skills and competencies to students. In tandem facility development is required for training in the wide range of specialties consumed by the Kenya society. These changes will provide more avenues for wider delivery of teaching as well as quality education.

Initiation of change and strengthening of revenue streams are interlinked and the latter cannot be left behind. Strengthening of School funding is essential to maintain smooth operation of teaching and research activities.

As the country's pinnacle of medical research, our research output is respected during formulation of national policy. Maintenance of quality research is therefore a School priority. This involves a number of approaches including attracting financial support, improved networking and training in research. These are activities that are essential if the School is to achieve its top position in attraction of research funding.

2. MISSION VISION AND CORE VALUES

2.1 Philosophical Framework

The Strategic planning process is designed to change the future of an organisation through deliberate decisions and actions. It is a disciplined effort to assess and adjust the organisation's direction in response to a changing environment. The Strategic Plan attempts to answer three fundamental questions:

- Where are we now?

    Situation analysis

- Where do we want to be?

    Vision, mission and objectives

- How do we get there?

    Strategies

Through strategic planning, organisations are able to improve efficiency, economy, effectiveness and excellence. This enables them to achieve the best use of the available physical, financial and human resources. The Strategic Plan articulates the strategies to be employed in dealing with challenges facing the organisation, developing sustainable competitive advantage and cut out a niche for itself.

The development and implementation of a Strategic Plan is a collaborative effort that requires significant contribution from all stakeholders. This aids in establishing the appropriate level of participation and relevant perspectives of each stakeholder for successful implementation. Implementation of the Strategic Plan requires programs, procedures and suitable budgets amidst competing needs.

The SOM Strategic Plan is cascaded from College of Health Sciences Strategic Plan 2013-2018. In developing the Strategic Plan, the School of Medicine is guided by its achievements in the last 46 years as well as its core business of training high calibre healthcare professionals and undertaking cutting edge research. The School has been at the forefront of providing quality health care, conducting research, disseminating research findings and informing policy for the betterment of healthcare in Kenya and Globally. The School now needs to position itself to respond to the needs of devolved governance in-line with Kenya constitution 2010 and Vision 2030.

The School is responsible for setting priorities, focussing resources and strengthening its operations towards achieving excellence. The School therefore intends to systematically chart its destiny through the collective actions of the lower units which will be under constant monitoring and evaluation through supportive supervision. The School will therefore endeavour to fulfil expectations and meet its social responsibility and academic mandate.

2.2   Mandate

The mandate of the SOM shall be to improve quality of life through evidence based clinical practice, quality medical education under pinned by relevant research.

2.3   Vision

The demand for a shared vision for the School arises from the new strategic direction that will propel it to higher levels of effectiveness, efficiency and relevance in the pursuit of its mandate.

> **To be an internationally recognised school of medicine committed to scholarly and professional excellence in healthcare.**

2.4.   Mission

Deriving from the vision, the SOM mission is:

> **To train high quality health care professionals; carry out creative and innovative research to address current and emerging health challenges; set, promote and apply international standards in evidence based health-care provision and be at the fore-front of national and global health policy formulation.**

2.5   Core Values

To realise its vision and mission, the School shall nurture certain shared values derived from the virtues and moral standards of the Kenyan and the wider society. The following core values shall guide the School:

a) Espouse and impart virtues of professional ethics and high moral standards in research and practice

b) Espouse truth, honesty, integrity, tolerance and accountability

c) Promote evidence based health-care provision

d) Provide leadership in setting National and International Health Agenda

e) Promote innovative research for benefit of human kind

f) Promote meritocracy and team work in research and practice

g) Nurture responsible professionalism through mentorship programs

h) Promote gender sensitivity in training, research and practice

i) Promote sensitivity and responsiveness to environment

j) Promote good management of resources in training, research and practice

2.6 Guiding Principles

The key guiding principles of the School are:

♦ Connecting to and inspiring the Kenyan society to pursue good health practices with pace, passion, professionalism and patriotism.

♦ Providing leadership and stewardship in Kenya's pursuit of health for all.

♦ Loyalty and Commitment to excellence. This requires that the School distinguishes itself from other players in this sector. The members of staff shall act with speed aiming to do things right the first time, cherish the intrinsic value of the work they do and remain loyal to the institution and the professional calling.

♦ Engaging stakeholders in order to deliver responsive services.
♦ Evidence based practice
♦ National cohesion and inclusiveness.

3.   STRATEGIC ANALYSIS

3.1 Evaluation of Past Performance

The School continues to be the leading tertiary healthcare training centre in Kenya the role it has played since its establishment in 1985. It strives to meet demand for personnel in various health sectors in Kenya and internationally. In Kenya, SOM continues to be the institution of choice for high applicants wishing to pursue degrees in health disciplines and preferred destination for specialty training.

The success of the School of Medicine and increased demand for admissions has brought on new challenges of stretched physical facilities, human and financial resources. Regardless of these, the School has continued to produce quality graduates and conduct relevant innovative research in diverse areas.

Through contribution from the SOM the College emerged number one out of eight contracted Units within the University, and was rated under *"very good"* category for the performance contract period 2010/2011. This contributed to the University of Nairobi being the only institution in Kenya to have ever achieved "excellent" category to date. The School continues to establish new strategic partnerships, links and sign memoranda of understanding with reputable universities and institutions globally.

Continued success of the School depends on its ability to attract and efficiently utilise financial resources. The major sources of funds for the College have been tuition fees, research grants and income generation as shown in Table 1.

Table 1. Revenue in KES Millions for 2005/2006–2011/2012

Source of Revenue	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Module I fees	11	19	21	20	20	21.6	23
Module II fees	526	529	538	528.3	640	717	802
Research funding	111	247	340	488.5	604.3	848	1323
Other income/IGAs	52	61	89	93.2	167.70	141	153
Total	**702**	**858**	**990**	**1130**	**1432**	**1727**	**2301**

Source: Bursar's office

NB: The figures were extracted from SMIS and other College documents

In the last three years, the School has invested KES 46.4 Million in infrastructure (Table 2). In addition, donor funding has contributed significantly to the improvement of the infrastructure and assets.

Table 2: Infrastructure Investments (KES Millions)

	2008/09	2009/10	2010/11	2011/12
Computers for Students	5.5	5.5	5.8	6.0
Furniture and equipment	7.6	7.6	7.6	7.6
Maintenance of equipment/buildings	2.1	2.1	2.1	2.1
TOTAL	15.2	15.2	15.5	15.7

Source: Bursar's office

Information and Communications Technology (ICT) is one of the prime movers of performance improvement within the School. Informed from this, the SOM has invested significantly in this area. This includes the provision of desktop computers to all CODs, professors and students. In addition there is an improvement in internet accessibility. However, there is still a need to increase the bandwidth, internet terminals and the ratio of computers to staff and students.

Another mover of performance is a modern library. In keeping with this, the SOM library continues to subscribe to both print and electronic journals and acquire more textbooks. There has been a steady increase in student enrolment in the last five years (Tables 3 and 4) thus straining the existing human and physical resources including the library. There is, therefore, a need for the establishment of satellite School libraries and upgrading of the existing one to a School reference library.

Recent Developments

To accommodate rising student numbers, the School of Medicine has resorted to utilisation of satellite teaching facilities to provide additional clinical experience and adjunct faculty enabling students have more hands-on experience. Current participating sites are Busia, Kisii, Naivasha, Karatina, Mbagathi, Homa Bay, Isiolo, Litein and Kitui Hospitals. Others are Pumwani Maternity Hospital, Coast Provincial General and Garissa Provincial General Hospitals.

Two Skills Laboratories have been developed for use by students of the School. One laboratory is specifically for surgical skills training, situated at the Chiromo campus. The second laboratory is predominantly for clinical skills training and situated at the school of Nursing Sciences. Both laboratories have been developed from College funding with support of collaborating organisations.

There has been steady investment in infrastructure and facilities over the past five years. Assets such as furniture, equipment and facilities were procured for use in the School.

The level of automation is at 73% as at the FY 2011/12 through purchase of computers and increase in data points. The project to make the College a "hot spot" in internet provision is underway through installation of wireless facilities.

The human resource is a critical component in the success of any institution. The School of Medicine has continued recruiting and training staff as part of capacity building.

The School library boasts of 24,881 Print books, 31,251Journals, 50,000 e-books and 3,000 e- journals. With the support of strategic partners the Medical Library has received support in infrastructure development such as ICT, furniture and equipment.

Student enrolment has grown over the last five years as shown in Table 3. This growth has meant offering increased access to higher education to Kenyans.

Table 3: School of Medicine Student Enrolment Summary (2008/2009-2012/2013)

Year	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Male	937	960	1073	1046	1127
Female	1307	1329	1057	1281	1347
Total	2244	2289	2162	2327	2474

Source: Registrar's office

The SOM has continued to participate in, open days, exhibitions and the Nairobi International Trade Fair and the feedback from those visiting our stands has been encouraging.

Visits to the School by high-profile political and academic personalities have further enhanced the competitiveness of the School. These have been some of the prominent visitors to the School since 2007:

1. Prof. George Swingler, University of Cape Town in 2007
2. Prof. Minette Coetsee, Red Cross Children's Hospital, Cape Town in October 2007
3. Joanne Hen-Boisen, Red Cross Children's Hospital, Cape Town in October 2007
4. Dr. Rik De Decker, School of Child and Adolescent Health Red Cross Children's Hospital, Cape Town in October 2007.
5. John Hewiston, School of Child and Adolescent Health Red Cross Children's Hospital, Cape Town in October 2007.
6. Jeff Andrews, Vanderbilt University, Nashville; USA in October 2008.
7. Prof. N. A. Shefierd, Glauceshie Royal Hospital, UK in October 2008.
8. Silas Rabah Lasers (s) Optics Africa, Nairobi in September 2009.
9. Kay Wotton, Gibsons, BC, Canada in October 2008
10. Dr. C. Chunda Luyolla, PLB in October 2008
11. E. Hillman O. C., Memorial University, NL, Canada in October 2008.
12. Dr. Mulluwork Jedena, Addis Ababa University, in October 2008.
13. Dr. Andrew Ndamira, Mbarara University, Uganda in October 2008.
14. Prof. G. M. Anabwani, Botswana in October 2008

15. Dr. S. WA Somuse UTH, Lusaka, Zambia in October 2008.
16. Israel Kalyesubula, Makerere University in
17. Prof. Christopher M., Makerere University in October 2008.
18. Prof. Kopano Mukelabai, UNICEF, Congo in October 2008.
19. Walt H. E, German Ambassador, in December 2008
20. Hezibark Cillewebir, Git, Nairobi
21. Dr. E. K. Naddomba, Mulogo Hospital, in November, 2008
22. Prof. Ignatius Kakande, N. U. R, Butare, Rwanda.
23. Dr. Jean Chamberkin, Save the mothers, Uganda Christian University in November 2008.
24. Prof. F. M. Miraube, Makerere University in November 2008.
25. Dr. Parag V. Patel, Lutheran General Hospital in January, 2009.
26. Prof. Richard Deckathrum, Colombia University in February 2009.
27. Prof. Debra J. Wolgemath, Columbia University in February 2009
28. Prof. Bonnie Dunbor, Africa Biomedical Centre in February 2009.
29. Ms Katherine Black, Keeler LTD, UK in February 2009.
30. John Sawers, In-Sync Ltd in March 2009
31. Christine Mwangi, In-Sync Ltd in March 2009.
32. Delesloy Brothloy, University College, Lowdow Hospitals NHS in November 2009.
33. Rexford Widmer, USA in December 2009.
34. Suele-olof Isaesson, USA in February 2010.
35. YI Choong – Kook, Yonsei University, Korea in February 2010.
36. Mim-Good Lec Yonsei University, Korea in February 2010.
37. Chin Pak, Yonsei University, Korea in February 2010
38. Jungmin Pak, Yonsei University, South Korea in February 2010
39. Yun-Hee Kim, Yonsei University South Korea in February 2010
40. Ah Young Kim Yonsei University, South Korea in February 2010
41. Won-Gi Woo Yonsei University, South Korea in February 2010
42. Mi-Hm Yonsei University, South Korea in February 2010
43. Frank Conlon, AIDS Relief Kenya in March 2010
44. Jose Rafi molaler, HPSA, MD USA in March 2010
45. John Oguntomilade, HRSA, MD USA in March 2010
46. Phyllipe Chiliade HRSA/HHS/USG in March 2010
47. Marjorie Forster, University of Maryland in March 2010.
48. Hope FErdowsian, MD, MPH in May 2010
49. Dr. Kiwewa Steven Mpungu, Makerere University in June 2010
50. Dr. Woesfxam Rieneck, BEP - Austria in June 2010
51. Aiprof Lyndaz Trevema, University of Sydney, Australia in July 2010
52. Mohsen Soliman, University of Sydney, Australia in July 2010
53. Dr. Nesrin Varol, University of Sydney, in July 2010
54. Prof. John Hearn, University of Sydney in July 2010
55. Peof. Bob Commina, University of Sydney in July 2010
56. Joe; Negin, University of Sydney in July 2010.
57. Bonnie Miller, USA in September 2010

58. FBruder Stapleton MD in November 2010
59. Richard Shujerman, MD University of Washington in November 2010
60. Ben Pipe, University of Washington in November 2010
61. Judo Walson, MD University of Washington in November 2010
62. Joyce Hightower, WHO, in November 2010.
63. Joyce Onsongo (DC), WHO in November 2010
64. Shlomo L. Maayou, Hudassah U. Wospitah Jerusalem in November 2010
65. Sobbie A. 2. Mulindi, NACC HQ in November 2010
66. Charles Wuia, DArtmoeth Medical School, USA in November 2010
67. David Varon, Hadassah , Jerusalem Israel in December 2012.
68. Robert Redfull University of Maryhill in January 2011.
69. Carey Farguras, MD, MPH, University of Washington in January 2011
70. Birungi Kayiira, University of Maryland/HIV Kenya KIlimani in January 2011
71. Sagun Tsili, Neurosurgeon, Harvard Medical School, in January 2011
72. Seogro Fawell, University of Manirooba, in January 2011
73. Joanne Embree, University of Maniroba, in January 2011
74. Cheryl Brokman Saenberg, University of Maniroba, in January 2011
75. Thomas Burke, Harvard Medical School in January 2011
76. Starla Kiser, Harvard Medical School in January 2011
77. Erin Datey, Deloitte Consulting Arlington, VA USA in February 2011
78. Scot Remick MD, Mary Babb Randolph Cancer Centre USA in February 2011
79. Lammert R. E. Braaksma, Friends for Life 2501 CB/The Hague, Netherlands in February 2011
80. Prof. Hiroshi Ichimura, Kanazawa University in February 2011
81. Prof. Rumiba Kinura, Kanazawa University in February 2011
82. AkikoTsuda, Kanazawa University in February 2011
83. Omashi Amizuna, kanazawa University in February 2011
84. Prof. S. Maayam, Hadassah N. Hospital Jerusalem in February 2011
85. Paul Hilton, Rcoci London UK in February 2011
86. Voller KLmiss, Rathild enslow 8 in June 2011
87. Philip Keisar MD, University of Texas in June 2011
88. Steven Lieberman, MD, University of Texas in June 2011
89. Dr. Deble Frehywit, Washington University in June 2011
90. Melisa Wand, Washington University in June 2011
91. Huda Ayas, WAshngton DC in June 2011
92. Abducateef Salim, University of Maryland in June 2011
93. Deus Bazira Mubangizi, University of Maryland in June 2011
94. Emmanuel Norman Nakhokho, Kampala, Uganda in June 2011
95. Matthias Hawp, Germany in July 2011
96. Dongavel Jiaups, Germany in July 2011
97. George Mensah, Accra North, Germany in July 2011
98. Andries Stulting, University of the Free State, South Africa in July 2011.
99. Prof. Thomas Borle, Harvard Medical School in July 2011
100.   Prof. Patrick Semple, University of Cape Town in August 2011
101.   Dr. Prashand Cong, L V Prasad in August 2011
102.   Dr. Alsommer, John S. University in January 2012

103. Prof. Toshio Idinose, Nogasala University in February 2012
104. Prof. Nobuo Matsusaka,Nagasaki University in February 2012
105. Prof. Mayumi Ohnighi, Nagasaki University in Febraury 2012
106. Prof. Toshio Higashi, Nagasaki University in Febraury 2012
107. Chin Yong Pak, Ymsci University, South Korea in May 2012
108. Jeom-soo Shin, Yonsei University in May 2012
109. Dae Hyun Lew, Yonsei University in May 2012
110. Shinki AN, Yonsei University in May 2012
111. Charlitte Tulinius, University of Copenhage, Denmark in June 2012
112. Neil Flynn, MD Calif University in June 2012
113. Martin Neft, MD, Sutter Medical Group in June 2012
114. Niki Dragonetti RN/FNP, Placer County office of Education in June 2012
115. Jay in Jurg, Medyssey Co. Ltd, South Korea
116. Mark Kieran, Dana-farbe Cancer Institute, USA in July 2012
117. Mahmut Y. Deliker, New York.NY in July 2012
118. Chae Byung Do, Busan korea in August 2012
119. Park Bo Youn Ansan Korea in August 2012
120. Dr. Kateuyaki Kito, Shigo, Japan in August 2012
121. Yi On (Leo) Huang, Shiga University, Japan in August 2012
122. Shiori ITO, Shiga University in August 2012
123. Mai Tanimura, Shiga University in August 2012
124. Naomi Bisew, Shinga University in August 2012
125. Prof. C. Mkong, Muhinbili University in August 2012
126. Dr. Rchano CN, Muhinbili University in August 2012
127. Dr. Agatha Aboe Sightsavers in September 2012
128. Andy Tate, Sightsavers, UK in September 2012
129. Prof. Robert Murphy, Northwestern University, USA in September 2012
130. Hamd T. Kaura, Namibia, in October 2012
131. Mathew Nahipumbwa, Vimbhoer in October 2012
132. Monika Pendukeni, Namibia in October 2012
133. Claude TAyoo Tabony in UTH, Yaounde Cameroun in November 2012
134. Karin van den Berg, Port Elizabeth, South Africa in November 2012
135. Caron Beok, San Fransisco, California, USA in November 2012
136. Brain Custar, San Fransisco , California , USA in November 2012
137. EKook In park, Yonsei University in February 2013
138. Jeon Soo SHN, Yonsei University in February 2013
139. So Yoon Kim, Yonsei University in February 2013
140. Jaeyong Shin, Yonsei University in February 2013
141. Yunyoung Roh, Yonsei University in February 2013
142. CPT Courtney Legendre PA, USA Army in May 2013
143. Berhane Assefa, USA Army in May 2013
144. Dr. Kofi Wurapa US Army GEIS in May 2013
145. Maj. Andre Herman, US Airforce in May 2013

3.2   SWOT ANALYSIS

The need to chart out a path for the future requires a critical evaluation of internal and external factors that would influence the School in achieving its stated mission and goals during the plan period. This is achieved through the process of SWOT analysis.

3.2.1.1 Strategic location of the School

The School is located within Nairobi city, which is the business centre and capital of Kenya. An elaborate transport and telecommunications network makes the SOM easily accessible. In addition, the School is in close proximity with the KNH complex which is the largest teaching and referral hospital in the East and Central African region.

3.2.1.2   Diverse and specialised academic programmes

The School offers numerous programmes at the undergraduate and postgraduate levels in medicine and basic biomedical sciences. It has the highest output of both undergraduate and postgraduate degrees in health sciences within the region.

3.2.1.3   Large pool of expertise in the Health Sciences

The School has a highly qualified complement of staff and represents the highest concentration of healthcare trainers in the region. Most academic staff are specialists in their fields many of whom are internationally recognized. This is one of the factors that make the School the preferred institution for training local and foreign undergraduate and postgraduate students in healthcare.

3.2.1.4   A reputable institution

The SOM is largest medical school in Kenya and has numerous alumni in strategic and influential positions nationally and internationally. Accordingly, the School has gained a reputation as one of the best training centres in Africa.

3.2.1.5   Leadership in quality research

The School engages in biomedical, social behavioural research which attracts the largest research funding to the University and our research portfolio is about KES one billion per year for the entire College. Notable among the research projects are those involved in HIV/AIDS which have gained international recognition. The School of Medicine houses KAVI and the CHIVPR.

3.2.1.6   Intellectually stimulating environment

The School attracts the best performing students for the undergraduate and postgraduate programmes. This cadre of students supported by competent staff stimulates an intellectual culture within the SOM.

3.2.1.7 Training and research facilities

The School has modern teaching and research facilities. Teaching is also conducted at satellite clinical sites supported by teleconferencing and e-learning.

3.2.1.8 Linkages and collaborations

The School has numerous collaborations and linkages with Universities within Africa, North America, Europe, Middle East, Continental Asia and Australia. In addition there are extensive links and partnerships with national and international institutions and organisations.

3.2.1.9 Capacity for consultancy

The School has high calibre professionals who provide consultancy services to both private and public organisations. Potential clients include government ministries, local industry, non-governmental organisations and other international agencies.

3.2.1.10 Community service

The School provides valuable free community outreach services in various health disciplines by both staff and students.

3.2.1.11 Improved ICT Resources

The computer infrastructure network coverage within the SOM is about 80%. In addition, the School has acquired new computers for teaching and administrative staff. The PC to user ratios are 1:2 for staff and 1:8 for students. The student management information system (SMIS) is operational for convenient management of student records including online registration and clearance. The improved ICT facilities have enhanced access to information and accelerated global communication, e-learning, teleconferencing and e-medicine.

3.2.2 Weaknesses

3.2.2.1 Overstretched physical facilities

The School has outgrown the physical facilities currently available in various units. Some of the physical facilities are old and dilapidated. The equipment available is inadequate and in some instances, old and obsolete.

3.2.2.2   Budgetary Constraints

Over the years, the School has operated on a constrained budget. This arises from inadequate financial resources allocated to the School. Where funds have been generated within the School, a substantial amount has been put to other University uses as the School lacks the administrative and financial autonomy in this regard. This situation complicates financial management of the School and impairs the achievement of the desired objectives.

3.2.2.3   Low remuneration

The University pay packages are currently strictly structured according to grades for the entire institution. The reality, however, is that academic disciplines from the School as well as individual staff, command higher remuneration in the open market for their services. The inability of the University to respond to this discrepancy undermines the Schools ability to attract and retain highly qualified professionals. This has led to low staff motivation and eroded the sense of belonging.

3.2.2.4   Complex procurement procedures

The current procurement procedures have proved to be bureaucratic and tedious resulting in massive delays in meeting set targets and deadlines. This greatly impairs efficiency and undermines collaborative endeavours.

3.2.2.5   Operational Challenges in running Teaching Hospital

Since inception, Kenyatta National Hospital is the teaching Hospital for the University of Nairobi. Since the two institutions are distinct Parastatals this has created operational challenges in their relationship thus hampering optimal teaching.

3.2.2.6   Low output of PhD/MD degree graduates

Although the School has a large postgraduate enrolment, the training periods are sometimes too long partly due to inadequate supervision. Graduate studies enrolment at doctoral level is still very low. Inadequate financial support for postgraduate programmes has also contributed to the low output in terms of numbers as well as research and fellowships/specialized training.

3.2.2.7   Underdeveloped co-curricular and services

Presently, the facilities and management of co-curricular for student and staff affairs are weak, poorly coordinated and lacks basic infrastructure.

3.2.2.8   Research Grant Management

Currently, the research grant management is coordinated centrally at the University level presenting challenges in efficient and timely utilisation of research funds in the School.

3.2.2.9   Advocacy and marketing

In spite of the School being a centre of excellence in various fields, this is not obvious to all stakeholders due to inadequate advocacy and marketing plan. In addition, the College lacks a suitable public relations function.

3.2.3   Opportunities

3.2.3.1   Potential for Income Generation

The School has great potential to generate income through its various services. Numerous income-generating activities are already in place but require investment to increase output.

3.2.3.2   Rich International Students Pool

The number of international students registered for various programmes in the School is currently low. Furthermore, student exchange programmes are not fully promoted. Improved marketing strategies should be put in place to attract more international students.

3.2.3.3   Opportunity in Industry Collaboration and Linkages

There is accelerated growth in technological advances which have transformed the way the health industry and the way it delivers on its mandate. Nevertheless, there are many challenges that face industry that can be addressed by forging partnership with the SOM. Similarly, the School also faces challenges which can be addressed through collaboration with industry in areas such attachments, internships, research funding, scholarships and employment opportunities.

3.2.3.4   Growing Demand for Medical Education

The demand for medical education from high school graduates has been on the increase. The same applies to postgraduate training. The School has been the premier institution offering high quality training in the healthcare professions and is competitively priced in comparison with similar institutions abroad. The School should seize this opportunity to enhance student enrolment.

3.2.3.5   Growing Demand for Consultancy

With the advent of devolved government with line with the Kenya constitution 2010, and the country's commitment to achieve Millennium Development Goals, Vision 2030 and

other regional and international developments, there are increased opportunities for consultancy.

3.2.3.6   Access to New Technology

The existing ICT infrastructure of the School provides great opportunities to improve the quality, effectiveness and the flexibility of teaching, training, research and clinical services. There is an opportunity to increase the visibility of the School through web-based activities.

3.2.3.7   Implementation of the Kenya Constitution 2010

To implement the new constitution, the devolved county governments shall require highly skilled human resources to manage their various functions. This creates the need for increased capacity building, which the School can provide. The health sector has the responsibility of delivering on the rights granted by the constitution that include the 'right to life' and 'right to quality healthcare services including reproductive health care'. Therefore the School is obliged to train the required health professionals.

3.2.3.8   Implementation of Vision 2030

Vision 2030, which is the blueprint for national development, envisages quality health care through many avenues including increased private public partnerships. The School through its graduate output from it various programmes are able to meet the demands of Vision 2030.

3.2.4   Threats

3.2.4.1   Increased Competition from other Institutions

Existing and emerging institutions offering training in health sciences compete with the School for undergraduate and postgraduate students. These institutions may also offer attractive employment terms which may cause staff to leave the School.

3.2.4.2   Insufficient Government funding

Funding of School activities is derived from Government and University capitation, tuition fees, grants, income generating activities and donations. The Government has directed that State Corporations must now embrace modern business management practices. To this end Government funding has reduced thereby, forcing the School to look for other revenue streams.

3.2.4.3   Escalating Cost of Education

The high cost of healthcare education prevents potential students from joining the School because of the general poverty in the country. Inadequate government support

and diminished external funding has compounded this situation thereby denying deserving students an opportunity to pursue higher education.

3.2.4.5 Inadequate Research Funding

Inadequate research funding from government sources limits sustained research activities within the School. Most staff rely on external funding to initiate and expedite viable projects. The uncertainty on the availability of such funding makes planning difficult and discouraging.

3.2.4.6 High Cost of Ethics Processing In Research

The ethics review committee is jointly constituted by CHS and KNH which poses operational challenges. The committee currently charges a prohibitive processing fee for ethical review of research proposals thus discouraging research partners and faculty.

3.2.4.7 Inadequate Student Accommodation

The School has inadequate secure accommodation to cater for the increasing numbers of students. This may discourage prospective students.

3.2.4.8 Increased Pressure to Admit More Students

Students admitted through the Placement Board wait for a long period before joining the School. In an effort to correct this situation there is pressure to admit more students, which impacts on the already stretched School facilities. The accelerated programme, which was meant to reduce the University admission waiting period, makes the situation even worse.

3.2.2.9 Shared facilities

The legal notice establishing Kenyatta National Hospital as a parastatal specified it as a shared teaching Hospital for the SOM and KMTC. Newly established health care training institutions have also entered in MOUs to use the facility thus creating strain on the available facilities.

4. STRATEGIC ISSUES, OBJECTIVES, STRATEGIES AND OUTCOMES

4.1 Strategic Issues

Strategic issues are the key challenges facing an organisation that need to be addressed if the organisation is to improve its performance and realise its mandate. Inadequate attention to these issues will adversely affect the performance of the organisation. Strategic issues are therefore the focal points of the strategic planning process. After a comprehensive strategic analysis of the School and interrogation of feedback from key stakeholders, six strategic issues have been identified for action:

    i.   Governance, Leadership and Culture
    ii.   Resources, Facilities and Infrastructure
    iii.   Teaching and Learning
    iv.   Research, Innovation and Technology
    v.   Competitiveness and Image of the School
    vi.   Collaboration and Partnerships

The objectives and corresponding strategies were formulated for the listed strategic issues.

4.2 Strategic Issue 1: Governance, Leadership and Culture

The School executive management is under the direction of the Dean assisted by chairmen of departments and Heads of thematic units.

Government circulars provide the basic legal framework upon which the University and by extension the School is governed and managed. Upon the promulgation of the Kenya Constitution, 2010 and the subsequent review of various legislations, the legal landscape upon which the School operates dramatically changed. As the School charts its strategic way forward, it is imperative that it re-positions itself to fully comply with the new demands while taking advantage of the new opportunities in its operating environment. It is crucial that the structures and processes relating to governance and management be addressed, for the School to set itself for maximum competitiveness and growth. Best practices and the evolving national philosophies will therefore greatly inform the way the School will be governed.

The prevalent culture of the staff and students largely determines perceptions about the School in the larger society. Loyalty, commitment and ownership of the institutions are key to long term survival and success. Nurturing these attributes will deliver the right professionals into service of the community. Currently, the School has established a mentorship scheme for students and staff for their formation and advancement. This will be strengthened in the Strategic Plan period.

Strategies

      i.   Review administrative structures and systems
     ii.   Create a culture of ownership and effective strategy and policy execution
    iii.   Create mechanisms for entrenching the core values of the School among staff and students
    iv.   Enhance leadership and management capacity at all levels

The expected outcomes are
      i.   Improved efficiency and effectiveness
     ii.   Effective monitoring and evaluation
    iii.   Enhanced commitment and loyalty to the School.

4.3   Strategic Issue 2: Resources, Facilities and Infrastructure

The ability of the School to achieve its mandate, vision, and mission will depend on the resources available and the efficiency of their deployment. These resources include finances, human capital, physical assets and the total support infrastructure. Physical facilities and infrastructure will require major investment for upgrading and expansion. Staff remuneration and welfare will need to be given special attention. Failure to pay adequate attention to the resource challenges will lead to sub-optimal performance.

Strategies

i.   Increase the School revenue
ii.   Improve and upgrade physical facilities and infrastructure
iii.   Entrench the use of ICT in the School academic and administrative functions
iv.   Improve staff motivation and productivity

The expected outcomes are

      i.   Increased and sustainable financial performance,
     ii.   Increased and improved quality of physical infrastructure,
    iii.   Effective use of ICT in teaching, research, and administration
    iv.   Productive and motivated workforce.

4.4   Strategic Issue 3: Teaching and Learning

The School is highly endowed with human capital and diversified academic programmes. The School therefore must play a leading role in the generation and dissemination of knowledge in order to meet the national health and developmental challenges of the 21st Century and beyond. The School must compete favourably in spite of the challenges of globalisation. Teaching and learning is the core business of the School and university at large. If there is no excellence in this area, there will be no guarantee for survival and success in a highly competitive environment. Given the positioning of the School, it must play the expected pivotal role in national development

by equipping learners with relevant knowledge, skills and value systems while at the same time providing the mentoring role for the emerging peer institutions.

Student welfare, and support services, on their part constitute a critical component in delivering and continually enhancing excellence in teaching and learning. Good facilities, amenities and living conditions are essential in enhancing the production of quality and holistic graduates. The quality graduate will be delivered in totality based on the academic curricula and well defined co-curricular to produce useful citizens who contribute to the overall welfare of the society. The majority of student in the SOM live off campus and therefore need innovative approaches to meet the goals of a holistic education.

Strategies
    i.   Review and re-engineer academic delivery processes for improved effectiveness and efficiency
    ii.   Deliver diversified, innovative, quality and relevant academic programmes aligned to Vision 2030
    iii.   Enhance the growth of graduate and clinical specialty programmes
    iv.   Mainstream co-curricular activities into student academic life and provide quality students welfare services

The expected outcomes are:

    i.   Enhanced quality of academic programmes
    ii.   Increased alignment of programmes to Vision 2030
    iii.   Increased access to academic programmes
    iv.   Growth in postgraduate enrolment
    v.   Improved holistic and quality graduates

4.5   Strategic Issue 4: Research, Innovation and Technology

Research, innovation and technology transfer are key strategic issues the School must address to remain relevant in its pursuit of extending the frontiers of knowledge development and application. They enable the School to contribute towards the dynamic health and social needs that are the hallmarks of civilization, development and improvement of human life. More attention by the School to this strategic issue will result in an upturn in its contribution to sustainable national development.

Research, innovation and technology transfer have great potential for wealth creation and contribution to sustainable national development. If this potential is not exploited, the university will continue to lose out on the national agenda and the aspirations of Vision 2030.

Strategies:
    i.   Enhance the capacity of researchers to develop winning proposals
    ii.   Improve research infrastructure and grants management systems
    iii.   Enhance dissemination of research outputs to society

iv.   Partner with industry for joint research and commercialisation of technological innovations

The expected outcomes are:
    i.   Enhanced research output,
    ii.   Enhanced grants and collaboration,
    iii.   Improved efficiency in grants management, and
    iv.   Increased innovations and impact of research output.

4.6   Strategic Issue 5: Competitiveness and Image of the School

The School needs to create a strong positive image in the minds of the past, current and potential students as well as all stakeholders. This can be achieved by answering key questions as to what the School stands for, particularly in the present competitive, innovative and dynamic world.   What is the School brand?   How can the School further improve its image? What is the School culture that can be marketed and extended as a product when these students become alumni?   These are issues that have to be addressed to improve the School and by extension the University's image and competitiveness.

Strategies
    i.   Enhance the School image
    ii.   Entrench internationalisation of the School
    iii.   Improve the School Performance Contract ranking

The expected outcomes are:
    i.   Consistent positive School image
    ii.   Increased visibility of the School
    iii.   Improved School performance and ranking

4.7   Strategic Issue 6: Collaborations and Partnerships

In this age of globalisation, the trend is for institutions to foster networks, partnerships and linkages to enhance their competitiveness. The School occupies a position of great advantage that can be utilised in fostering mutual linkages and partnerships with peer institutions and industry. Whereas the School has a number of existing linkages, more value-adding networks, partnerships and linkages need to be established at the national, regional and international levels if the School is to reposition itself in the global arena as a viable and vibrant institution of higher learning.

Synergy-building relationships with various key stakeholders are critical to the overall success of the School. It is important that the School positions itself in such a manner that mutual benefits of all the parties are best achieved. Given the nature and scope of business of the School, the various categories of relevant stakeholders that the School comes into contact with are enormous. The key stakeholders that have been identified include the private sector, governmental agencies, the alumni, peer institutions, and the

neighbourhood of the School. It has emerged that the various stakeholders are positively predisposed to work on joint agenda with the School.

Strategies
i. Exploit the potential of support from the School alumni
ii. Improve collaboration and engagement with neighbours
iii. Enhance partnerships and collaborations with public and private sectors, locally and internationally

The expected outcomes are:
i. Improved quality of research and academic programmes,
ii. Increased non-academic funding, and
iii. Cordial relationships with stakeholders.

5.   IMPLEMENTATION MONITORING AND EVALUATION FRAMEWORK

For optimal functioning of the School, all its Departments and Units must have the Strategic Plan cascaded down to them. This section reviews the structures for its implementation, funding of the Strategic Plan and monitoring and evaluation of the implementation process.

5.1   Cascading the Strategic Plan

The School Strategic Plan will be cascaded down to the Departments and Units in order for them to contribute to the achievement of the School strategic goals. All Departments and Units will be expected to develop their individual strategic plans informed from the School plan. This will be completed before end of June 2013. Each school will prepare its annual work plan and corresponding budgets.

The plans and budgets form the basis for the annual performance contracts that are evaluated before the end of June each year.

5.2   Financing the Strategic Plan

5.2.1 Revenue

This Strategic Plan will be funded from the following main revenue streams;

- Academic revenue (tuition fees)
- Research grants
- Income generating units (IGU)

The School will endeavour to grow total revenues by not less than 10% per year throughout the next five years. The current budget (2012/2013) of KES 2.301 Billion is projected to grow to KES 2.66 Billion in the financial year 2017/2018 as in table 4 below.

Table 4:   **Projected revenue for the period 2011/12 to 2017/18**

Sources of Revenue	Actual	Projected Revenue (KES) Millions

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Tuition Fees - Module I	23	22	24	24	24	24	24
Tuition Fees - Module II	802	850	860	870	870	870	870
External Research Grants	1323	1383	1458	1531	1607	1607	1607
Other Revenues/IGAs	153	155	158	160	162	162	162
Total	**2301**	**2410**	**2500**	**2585**	**2663**	**2663**	**2663**

Source: Bursar's office

5.2.2 Expenditure

The School will be aligned to specific requirements of this Strategic Plan and performance contracts to ensure that financial resources are used to drive designated strategic development and growth of in accordance with projected expenditure (Table 5).

Table 5. Projected Expenditure for the period 2011/12 to 2017/18

Sources of expenditure	Actual	Projected Expenditure (KES. Millions)					
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Medical Scheme	8.5	8.5	8.5	8.5	8.5	8.5	8.5
Operational & Maintenance	25.8	26.9	26.9	26.9	26.9	26.9	26.9
Teaching Expenses	24.6	26.31	27.1	27.9	27.9	27.9	27.9
Income Generating Units	97.8	101.9	107	112.3	118	123.9	130.0
Capital Development	19.0	19.9	20.2	20.7	21.2	21.2	21.2
Total	**175.7**	**183.51**	**189.7**	**196.3**	**202.5**	**208.4**	**214.5**

NB: Assumed it will grow by 5% percent every year
         Source: Bursar's Office

A prudent financial management frame wok shall be put into palace to give a positive difference between revenue and expenditure rates. The surpluses realised shall be deployed in strategic development projects to spur further growth envisioned in this Strategic Plan.

5.3   Institutionalising the Strategic Plan

Successful implementation of this Strategic Plan requires the proposed strategies are institutionalised. They have to be congruent with the internal functions of the School. Key amongst these are the structures and systems (processes). Any inconsistencies identified have to be addressed by reviewing the structure, systems or strategies.

5.4   Monitoring and evaluation

5.4.1 Introduction

Monitoring and evaluation is a key tool in the implementation of a Strategic Plan. It allows management to gauge at every stage and to institute corrective action in cases of negative deviation from the expected results. Thus monitoring and evaluation will be a critical component of the Strategic Plan. The framework for this important activity is resented below.

5.4.2 Monitoring and evaluation framework

The overall goal of monitoring and evaluation in the implementation of this Strategic Plan is to provide timely and quality information on performance to inform decision making. The framework shall comprise defined responsibilities, indicators, reporting mechanisms and collection and maintenance of performance data.

i.   Monitoring responsibilities

The overall performance monitoring and evaluation shall be the responsibility of the, Dean SOM and COD's and HTUs's. It is the responsibility of these managers and other heads of projects and programmes to monitor the performance of their areas of jurisdiction in the implementation of this Strategic Plan and recommend and take appropriate action.

ii.   Indicators

The monitoring and evaluation shall be carried out by the Dean SOM and COD's and HTUs's whose responsibilities shall include:

a) Developing the College Strategic Plan
b) Harmonising Unit Strategic plans
c) Coordinating annual work plans
d) Implement monitoring and evaluation instruments
e) Receiving, analysing, summarising and consolidating reports from lower units for onward transmission to the management as per specific timelines
f) Carrying out annual, mid-term, end-term and ad-hoc evaluations and explaining any significant variations in performance to the management
g) Coordinating and helping in drafting performance contracts for all levels and staff reporting on performance contract targets
h) Coordinating performance evaluation
i) Identifying and tracking performance benchmarks
j) Coordinating ISO 9001:2008 activities

iii.   Reporting mechanisms

The indicators, baselines, targets, timeframe, strategies and strategic objectives are in the implementation plan in Annex I of this Strategic Plan.

iv.   Collection and maintenance of performance data

Performance data on each indicator shall be identified and collected on a continuous basis and maintained in a database.

ANNEXES

This section of the Strategic Plan document shall highlight the individual action matrices for the strategic objectives. As is commonly the cases under each strategic objective shall appear outcomes and individual considerations as follows;

- **Expected outcomes**

  This defines the expected result from each action. Outcomes must be SMART.

- **Performance indicators**

  Indicators are those measureable parameters that can be used to assess if the strategic objective has been achieved within a specific strategic objective. Indicators are expresses as if an action is competed or not and extend of completion.

- **Baseline**

  Assesses the current state of the particular performance indicator(s)

- **Targets**

  These are indicators of the extent of fulfilment of the specific strategy. Usually expressed in the form of time, percentage or a particular action completed.

- **Time frame**

  Indicates the time frame within which a particular action requires to be completed.

- **Responsibilities**

  These are the specific individuals responsible for specific actions. All associated activities will involve participation of staff.

6   IMPLEMENTATION MATRIX

Issue 1: Governance, Leadership and Culture.

Objective 1: To manage the School efficiently

Strategies

    i.   Review administrative structures and systems
    ii.   Create a culture of ownership and effective strategy and policy execution
    iii.   Create mechanisms for entrenching the core values of the School among staff and students
    iv.   Enhance leadership and management capacity at all levels

Expected Outcomes	Performance Indicators	Baseline	Targets	Timeframe	Responsibility
Improved efficiency and effectiveness	Level of compliance with service delivery charter	98%	100%	2013 - 2018	Dean, CODs, HTUs
	% of assigned tasks completed on time	-	80%	2013 - 2018	
Effective monitoring and evaluation	Timely submission of SPA reports	6 months	3 months	2013 - 2018	Dean, CODs, HTUs, Staff
	Level of completeness of quarterly PC reports	80%	100%	2013 - 2018	
Enhanced commitment and loyalty to the College	No. of times corporate values are communicated and explained to all staff per year	-	Bi - Monthly	2013 - 2018	Dean, CODs, HTUs
	No. of times academic and administrative units hold team building sessions per year	-	1 per department p.a.	2013 - 2018	
	No. of social fora for staff organised per year	-	1 per department p.a.	2013 - 2018	
	% of meetings attended by staff per year	-	75%	2013 - 2018	
	No. of "State of the SOM" communiqué from the Dean's Office	-	Bi-monthly	2013 - 2018	Dean

Issue 2: Resources, facilities and infrastructure

Strategic Objective 2: To grow the Schools' resource base and enhance productivity

Strategies
    i.   Increase and sustain the School revenue
    ii.   Improve and upgrade the School physical facilities and infrastructure
    iii.   Entrench the use of ICT in the Schools' academic and administrative functions
    iv.   Improve staff motivation and productivity

Expected Outcomes	Performance Indicators	Baseline	Targets	Time Frame	Responsibility
Increased and sustainable financial performance	Increased face-to-face student enrolment	505	550	2013-2018	Dean, CODs, HTUs, Staff
	% increase in academic revenue	10%	10%	2013-2018	
	% increase in non-academic revenue	9%	10% p.a.	2013-2018	

Expected Outcomes	Performance Indicators	Baseline	Targets	Time Frame	Responsibility
	% increase in research grants	57%	5% pa	2013-2018	
	Reviewed austerity, cost reduction and revenue enhancement plan	100%	100%	Dec. 2013	Dean, CODs, HTUs, Auditor, Bursar, Staff
	Cost reduction /savings	19m p.a.	5% p.a.	2013-2018	
	% utilisation of allocated funds/year	100%	100%	2013-2018	
	% compliance with set budgetary levels	100%	100%	2013-2018	
	Number of real estate PPP arrangements	-	1	2013-2018	
Increased quantity and quality of physical infrastructure	20-year master development plan	-	100%	January 2014	Dean, CODs, HTUs and HODs
	Master safety and security plan	-	100%	March 2014	
	Audit facilities to determine level of utilisation	-	100%	March 2014	
Effective use of ICT in teaching, research, and administration	Compliance with ICT policy	-	100%	Dec. 2013	Dean, CODs, HTUs
	Student to computer ratio	1:8	1:5	2013-2018	
	Staff to computer ratio	1:2	1:1	2013-2018	
	Bandwidth ratio per student	1Mbps/175	1Mbps/150	2013-2018	
	% availability of ICT services	96%	98%	2013-2018	
	Number of hot spots	1	1	2013-2018	
Motivated and Productive workforce	Average staff performance appraisal index	63%	90%	2018	Dean, CODs, HTUs, Staff
	Employee satisfaction index	78%	80%	2018	
	% of senior academic and administrative staff retained in service	95%	97%	2013-2018	

Issue 3: Teaching and learning

Strategic objective 3: To produce quality and holistic graduates in diverse fields

Strategies;

i. Review and reengineer academic delivery processes for improved effectiveness and efficiency
ii. Deliver diversified, innovative, quality and relevant academic programmes aligned to Vision 2030
iii. Enhance the growth of graduate and clinical specialty programmes
iv. Mainstream co-curricular activities into student academic life and provide quality students welfare services

Expected Outcomes	Performance Indicators	Baseline	Targets	Time Frame	Responsibility
Enhanced quality of academic programmes	% curricula reviewed as per policy	-	100%	2013-2018	Dean, CODs, HTUs, Staff
	No. of new curricula developed and benchmarked	-	2	2013-2018	
	% of examinations externally examined	100%	100%	2013-2018	
	% of courses scoring above 70% in student evaluation	-	50%	2013-2018	
	% of teaching staff trained in pedagogical and androgogical skills	90%	100%	2013-2018	
Increased alignment of programmes to Vision 2030	No. of students enrolled in programmes in the School	2474	2%	2013-2018	Dean, CODs, HTUs,
	No. of flagship programmes aligned to Vision 2030	1	1	2013-2018	
	No. of course units with teaching notes on the e-learning platform	-	1	2013-2018	
Increased access to academic programmes	No. of programmes in ODeL	-	-	2013/2018	Dean, CODs, HTUs
	No. of students enrolled in ODeL	-	-	2013-2018	
Growth of postgraduate students	No. of new Masters programmes	3	1	2013-2018	Dean, CODs, HTUs
	No. of new fellowship programmes	1	2	2013-2018	
	No. of new Doctoral programmes	1	2	2013-2018	
	No. of new Doctoral students enrolled	30	5% pa	2013-2018	

Expected Outcomes	Performance Indicators	Baseline	Targets	Time Frame	Responsibility
	No. of PhD. graduates per year	3	10% pa	2013-2018	
	No. of new Masters students enrolled	165	1%pa	2013-2018	
	No. of Masters graduates per year	135	5% pa	2013-2018	
	No. of post-doctoral students	-	3	2013-2018	
Improved quality of graduates	No. of programmes engaging guest lecturers	6	7	2013-2018	Dean, CODs, HTUs
	No. of students getting national, regional and international awards or recognition	1	2	2013-2018	
Holistic graduates	% of students participating in sports and games	50%	60%	2013-2018	Dean, CODs, HTUs, Staff
	% of students participating in professional associations and recognised social support groups	65%	85%	2013-2018	
	No. of students mentored on leadership, social, etc.	100%	100%	2013-2018	
	Mount an online common course in soft skills	0	1	2013-2014	
	Students satisfaction index	71.2%	77%	2013- 2018	

Issue 4: Research innovation and technology

Strategic objective 4: To contribute to the development of society through creation, storage, application and dissemination of knowledge

Strategies

i. Enhance capacity of researchers to develop winning proposals
ii. Improve research infrastructure and grants management system
iii. Enhance dissemination of research outputs to society
iv. Partner with industry for joint research and commercialisation of technological innovations

Expected outcomes	Performance indicators	Baseline	Targets	Timeframe	Responsibility
Enhanced research output	No of journal publications produced annually	158	10% growth pa	2013 - 2018	Dean, CODs, HTUs, Staff
	No of staff participating	69	10% growth pa	2013 - 2018	

	in conferences and other academic fora annually				
	No of papers presented at conferences and other academic fora annually	60	10% growth pa	2013 - 2018	
Enhanced research grants and collaborations	No of successful grant applications per year	12	3 per year	2013 - 2018	Deans/ Directors, CODs HODs, HTUs
	No of funded research projects per year	12	10% pa	2013 - 2018	
	Total research grants portfolio	1.32 Billion	1.6 Billion	2018	
Improved efficiency in grants financial management	Reviewed and optimised approval processes	-	100%	2013 - 2018	Dean, CODs, HTUs
	No of public policy briefs produced from research and presented to policy makers per year	2	3	2013 - 2018	
	Number of outreach activities annually resulting from research per year	11	10%	2013 - 2018	
	No of high technology SME's nurtured/created	2	1	2013 - 2018	
	No of IP rights registered	-	1	2013 - 2018	
	No of School journals	1	2	2013 - 2018	

Issue 5: Competitiveness and image of the College

Strategic objective 5: To enhance the competitiveness and image of the College

Strategies
i.   Enhance the School image
ii.   Entrench internationalisation of the School
iii.   Improve the School Performance Contract ranking

The expected outcomes are:
  i.   Increased visibility of the School,
  ii.   Consistent positive corporate image.
  iii. Improved School performance and ranking

Expected outcomes	Performance indicators	Baseline	Targets	Timeframe	Responsibility
Increased visibility of the School	No of active MoU's with local, regional and international peer institutions	12	Additional 3 p.a.	2013 - 2018	Dean, CODs, HTUs, HODs
	No of events hosted by the School open to the public	3	50%	2013 - 2018	
	No of student and staff exchange programmes per year	4	Additional 1 p.a.	2013 - 2018	
Increases School performance and ranking	Performance ranking within the University	-	-	2013 - 2018	Dean, CODs, HTUs HODs
	No of hits on School website per year	900,000	2.4 million	2013 - 2018	
	Branding and marketing strategy development	-	Branding and Marketing strategy in place	2013- 2014	
	% increase in implementation of branding and marketing strategy	-	100%	2013 - 2018	
Consistent positive School image	No of endowed academic chairs	-	1	2013 - 2018	Dean, CODs, HTUs and HODs
	Customer satisfaction index	69.7%	73%	2013 - 2018	
	No of times the school appears positively in the media each year	12	5% pa	2013 - 2018	
	No of outreach/extension activities conducted per year	50	5%	2013 - 2018	

Issue 6: Collaborations and partnerships

Strategic objective 6: to enhance value –adding partnerships and collaborations

Strategies

  i.   Exploit the potential for support from university alumni
  ii.   Improve collaboration and engagement with neighbours
  iii. Enhance partnerships and collaborations with both public and private sectors locally and internationally

Expected outcomes	Performance indicators	Baseline	Targets	Timeframe	Responsibility
Improved quality of	No of partnerships with	15	5	2013 - 2018	Dean, CODs, HTUs, HODs

	industry per year				
research and academic programmes	% of students on internship/ attachments/ practicums as per requirements	100%	100%	2013 - 2018	
	No of initiatives with neighbours per year	5	1 pa	2013 - 2018	
Increased non-academic funding	Amount of funding from alumni per year	-	10% pa	2013 - 2018	Dean, CODs, HTUs, HODs
	Amount of funding from industry per year	-	1 pa	2013 - 2018	
Cordial relationships with key stakeholders	% of interaction with key stakeholders	100%	100%	2013 - 2018	Dean, CODs, HTUs, HODs

a) Documents reviewed

    I.   Revised Strategic Plan for School of Medicine, 2008 – 2013

    II.   CHS "Self-Assessment Report For Institutional Quality Audit 2013" (for Commission for University Education)

    III.   CHS annual report, 2012

    IV.   School of Medicine annual report, 2012

    V.   The Kenya Vision, 2030

    VI.   Constitution of Kenya, 2010

    VII.   College of Health Sciences Service charter, 2011

   VIII.   Universities Act No. 42, 2012

    IX.   United Nations Millennium Development Goals, 2000

    X.   University of Nairobi Academic Calendar, 2011-2012

    XI.   University of Nairobi Grants Strategic Plan, 2013-2017

    XII.   University of Nairobi Strategic Plan, 2013-2018

   XIII.   College of Health Sciences Performance Contract, 2010-2011

   XIV.   College of Health Sciences Performance Contract, 2011-2012

Members of the Strategic Plan Review Committee, School of Medicine

Annex III

Declaration by the School of Medicine Strategic Plan Review Committee Members

We the undersigned do confirm our participation on the preparation of this document on May 20 to 29, 2013 and hereby assume responsibility for its contents.

NAME	DEPARTMENT	SIGNATURE
Prof. Charles O. A. Omwandho	Biochemistry	_____
Prof. Stephen W.O. Ogendo	Surgery	_____
Prof. Edward K. Nguu	Biochemistry	_____
Dr. Jessie Githanga	Human Pathology	_____
Dr. Edwin O. Walong	Human Pathology	_____